

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

FEB 29 1937

1. PLACE OF DEATH

County Kandolph  
Township Salisbury  
City Salisbury (No. 7)

Registration District No. 733  
Primary Registration District No. 5967

File No. 2697

Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Alvey Marshall Linnell

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Agnes Linnell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 8, 1865</u>		
7. AGE <u>71</u>	YEARS <u>3</u>	MONTHS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Harmoning</u>		11. Total time (years) spent in this occupation <u>1</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>1</u>		
10. Date deceased last worked at this occupation (month and year) _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chariton Co</u>		
13. NAME <u>John Owen Linnell</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chariton Co</u>		
15. MAIDEN NAME <u>Rebecca Francis Koch</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
17. INFORMANT <u>Mrs. A. M. Linnell</u> (ADDRESS) <u>Huntsville, R. R. #1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kenosha, Ind</u> DATE <u>Jan 20, 1937</u>		
19. UNDERTAKER <u>Tom B. Patton</u> (ADDRESS) <u>Huntsville, Ind</u>		
20. FILED <u>Feb 10, 1937</u> <u>Mrs. D. A. Baruchart</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18, 1937

22. I HEREBY CERTIFY That I attended deceased from Nov, 1935, to Jan 18, 1937  
I last saw him alive on Jan 18, 1937 Death is said to have occurred on the date stated above, at 12:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Angina Pectoris Date of onset \_\_\_\_\_  
Coronary Thrombosis  
Other contributory causes of importance \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) John R. Allen M. D.  
(Address) Baino, Mo.

